

Universal Service Program Grant Application Form

State of Wisconsin
Public Service Commission of Wisconsin
P. O. Box 7854
Madison, WI 53707-7854
PSC-2083 (R05/21/03)

(Filling this form out is in accordance with PSC Admin. Code 160.)

Instructions: Please complete Sections I and II of this application form and attach the Budget Summary, affidavit and written proposal as described in the grant application packet.

State Application Number

Section I -- Applicant/Recipient Data

Program (check only one box)

☐ Lifeline/Linkup Outreach ☐ Nonprofit Access ☐ Telemedicine

Legal Applicant/Recipient

Applicant Name

Organization

Street/P.O. Box

Phone

City

County

State

Zip Code

Title and Description of Applicant's Project (Limit description to 30 words or less)

Type of Applicant/Recipient (check only one box)

☐ State Agency ☐ County ☐ Municipality ☐ Private Non-Profit (501)(c)(3) ☐ Other : _____

Area of Project Impact (Names of cities, counties, state)

Estimated Number of Persons Benefiting

Proposed Funding

Applicant and Other Funding Services

\$.00

Type of Application

☐ New ☐ Renewal ☐ Revision

State USF Amount Requested

\$.00

Project Start Date

Project Duration (Months)

Total Project Cost

\$.00

Section II -- Certification

The applicant certifies that to the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the

Certifying Representative

Name and Title

Signature

Date Signed

Section III -- PSC Action

Applicant Name

Application Received

Funding Awarded

Action Taken

Applicant

\$.00

☐ Awarded

Action Date

State (USF)

\$.00

☐ Rejected

Starting Date

Other (describe)

\$.00

☐ Returned for Amendment

Ending Date

TOTAL

\$.00

☐ Withdrawn

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